

of the skin flaps on either side, and portions of the flaps brought together by means of sutures. During the operation, while the patient was under chloroform, an abdominal tumour presented itself; but the question of pregnancy being rather inconsistent with the presence of such large tumours, it was hurriedly diagnosed to be an ovarian tumour. Both the tumours together weighed 16 lbs.; but, considering the loss of blood and serum during the operation, the whole weight would be put down as 19 lbs.

"The patient progressed very favourably till May 15, when she miscarried, giving birth to a dead fetus of six months. On the 20th the wounds were entirely healed, and she was discharged on May 23."

38. *Case of Congenital Lymphatic Varix*.—Dr. ROBERT PATERSON describes (*Edinburgh Medical Journal*, May, 1871) a case of this. Dr. P. was asked to see the infant the day after birth, in consequence of the peculiar appearance which the right leg exhibited. Dr. P. found that the child was a female, not strong, weighing, in all probability, between six and seven pounds, and in every other respect having a healthy appearance, with the exception of the right leg. This limb was at least twice the size of the left one, had a slight purple tint all over, with here and there, on the most prominent parts, a bluish tinge. The whole limb, from Poupart's ligament in front, and round by the crest of the ilium behind, down to the toes of the foot, was one mass of twisted and contorted varices. The general appearance which the limb exhibited may be likened to that of a very bad case of varicose veins of the leg in an adult, only the vermicular prominences rolled, as it were, round and round the leg in a singular manner. The child had the perfect use of the limb, but did not move it much unless it was handled, which was obviously painful to it; it was surrounded with cotton wadding, and put into an easy position. The child suckled well, and so long as the limb was at rest, the child seemed free from pain. On examining the limb next day, there was little or no change in its appearance externally. The cotton that had been applied the previous day was saturated with moisture; and it may be remarked that this transpiration from the limb continued throughout the life of this little child; indeed, the quantity of fluid that must have passed out of its system in this way readily accounts for the rapidly-increasing weakness which day after day manifested itself.

Although suckling well and sleeping calmly, it gradually became weaker; the abundant transpiration from the limb never diminishing. All the other functions were conducted naturally. Little or no change took place in the general appearance of the limb for some days, its colour and general appearance being as described; about the fifth day, however, large blebs made their appearance on each side of the ankle; and next day these increased much in size, especially the one over the outer ankle. The colour, too, of the whole limb became darker, and the child's system was obviously becoming much enfeebled. Without any further change worth recording, it gradually became weaker, and died on the morning of the ninth day after its birth.

The limb was carefully examined next day. The varicose prominences all proved to be enlarged lymphatic vessels, filled to distension with a milky serous fluid. From their abrupt beginning in front, exactly on a line with Poupart's ligament, and inclosing the buttock behind, from the crest of the ilium downwards, these twisted and corded lymphatic vessels presented a very peculiar appearance. As the diseased structure passed down the limb, these vessels became, as it were, rolled together, especially at the lower part of the thigh and knee-joint, and further down became spread out around the leg and foot. Around the crest of the ilium behind, but especially along the course of Poupart's ligament in front, the tissues were all much condensed, reminding one of tight bands stretched across. There was no appearance of glandular or other structures. The muscles, glands, bloodvessels, etc., beneath, all seemed natural, and no distended lymphatic vessel could be discovered along the course of the deep-seated vessels and nerves.

It was impossible to trace, unless by very minute dissection, the impediments which arose to the lymphatic circulation over the right buttock; but in front

the tissues, over and around Poupart's ligaments, seemed like a mass of hardened cellular tissue, tightly strung across from iliac crest to pubes, and without the appearance of a gland or other vessel to allow circulation of any kind to take place. The deep-seated bloodvessels, nerves, etc., beneath this ligament, did not seem in any way affected; indeed, the peculiarity of this case, which appeared at the time most striking, was the want of anastomotic connection between the external and internal lymphatics.

Dr. Paterson has not been able to find any case on record exactly resembling this one. The cases which most nearly resemble it differ, however, in so far that the dilated lymphatic vessels of this case appeared on the surface of the extremity, and could not be traced in any way as connected with any lesion of the bloodvessels or absorbent system of the deeper-seated organs; in fact, the case seemed to turn upon the point whether or not there was sufficient anastomosis between the external and internal system of absorbents. I now regret much that the thoracic duct and other organs within the abdomen were not examined.

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39. *Treatment of Otorrhœa by Spirit of Wine.*—Dr. F. E. WEBER, in continuation of a former paper on this subject, states (*Berlin. Klin. Woch.*, Jan. 9), that often-repeated experience enables him to state that in otorrhœa, unconnected with caries or polypous growth, spirit of wine constitutes the best topical application, and one that is highly efficacious when there is chronic inflammation of the cavity of the tympanum, with more or less destruction of the membrana. The spirit must be quite pure, highly rectified, and undiluted with water, and its application to the exposed membrane of the tympanum causes no pain, being in this respect, also, a preferable application to most other injections. In some sensitive subjects it produces a burning sensation, which passes off in less than a minute. Before applying the spirit, the ear must be carefully cleaned out by means of the syringe, air-douche, or pencil, when, the patient lying down, as much of it as the ear will hold must be poured in, and retained during five minutes, slight pressure and rubbing of the tragus being employed to assist its effectual penetration. After the spirit has been allowed to flow out again, the meatus must be thoroughly dried and plugged, so as to prevent the access of air. At first it should be applied three times a day, and afterwards twice, continuing it for some time after the otorrhœa has ceased.—*Med. Times and Gaz.*, Feb. 25, 1871.

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40. *Skin-Grafting.*—Dr. DAVID PAGE, as the result of microscopic investigation into this subject, has arrived at the conclusion that “when a piece of the integument is removed from a part of the body, and placed upon the surface of an ulcer showing a disposition to heal, there was no transplantation of cutis, but of cuticle, the deeper layer of which, or *rete mucosum*, formed the essential portion for subsequent development and growth; and the young newly formed cells of this layer served as the basis for the production of cicatrix. Further, I found that the artificially induced cicatrix, and that which was spontaneously projected from the margin of the ulcer, were identical in structure, and equally possessing the same low vitality and tendency to destruction, from causes that could not affect the normal integument. These results proved satisfactorily that the *rete mucosum* or *stratum Malpighii* was the part immediately concerned in the process; and that a graft, to be successful, need consist of this layer only. I held, therefore, the view that it is not a transplantation of skin, but of epithelium; not skin-grafting, but epithelium-grafting.

“The advantages sought for in skin-grafting are,” he says, “threefold, viz: 1. Rapidity of cicatrization; 2. Formation of an elastic and durable cicatrix; 3. Prevention of excessive contraction of surrounding textures, and subsequent deformity.

With regard to the first of these, it is necessary that the ulcer should be in a perfectly healthy and healing condition, as evinced by the vascularity of its edges and vigour of the granulations on its surface. Hence, the weak and indolent, and callous ulcer must first undergo the usual means of treatment to